

POSITION	ID NO.	DATE
CLASSIFIER	28	11/30/48
EXAMINER	102032	2-12-48
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1	2
2	3
3	4
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SYMBOLS

✓ Rejected
- Allowed
(Through numbers) Cancelled
N Restricted
I Non-elected
A Interference
O Appeal
O Objection

Claim	Date
Final	Original
51	52
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(LEFT INSIDE)